

IPW

TRANSMITTAL  
FORM

Application Number: 10/784,538  
 Filing Date: 2/23/2004  
 First Named Inventor: Roth, et al.  
 Art Unit: 1636  
 Examiner Name: Ketter, James S.  
 Attorney Docket Number: INRP:050USC1

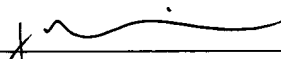
Total Number of Pages in this Submission: \_\_\_\_\_

## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> References _____<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts/Requirements<br><input type="checkbox"/> Declaration(s) _____<br><input type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Statement under 37 CFR §3.73(b)<br><input type="checkbox"/> Designation of Patent Practitioners<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Check in the amount of \$65.00<br><input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted<br>Deposit account number: 50-1212/<br><input type="checkbox"/> Sequence Statement<br><input type="checkbox"/> Paper Copy of Sequence Listing<br><input type="checkbox"/> Computer Readable Form (CRF)<br><input checked="" type="checkbox"/> Postcard<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
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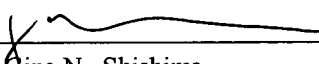
Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Gina N. Shishima	Reg. No.	45,104
Date	July 6, 2005		

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or Printed Name	Gina N. Shishima	Date	July 6, 2005